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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input type="checkbox"/> IF RECORDED RETURN TO: ATTORNEY FOR (Name): | TELEPHONE NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| CONSERVATORSHIP OF (NAME): <div>Conservatee</div> | | |
| LETTERS OF CONSERVATORSHIP <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship | | |
| | | CASE NUMBER: |

STATE OF CALIFORNIA, COUNTY OF

1. ☐ (Name): _____ is the appointed
☐ conservator ☐ limited conservator of the ☐ person ☐ estate of
(name):

2. ☐ (for conservatorship that was on December 31, 1980, a guardianship of an adult
or of the person of a married minor) (name):
was appointed the guardian of the ☐ person ☐ estate by order
dated: _____ and is now the conservator of the
☐ person ☐ estate of (name):

3. ☐ Other powers have been granted or conditions imposed as follows:

a. ☐ exclusive authority to give consent for and to require the conservatee to
receive medical treatment that the conservator in good faith based on
medical advice determines to be necessary even if the conservatee
objects, subject to the limitations stated in section 2356 of the Probate Code.
☐ This treatment shall be performed by an accredited practitioner of the
religion whose tenets and practices call for reliance on prayer alone for healing of which
the conservatee was an adherent prior to the establishment of the conservatorship.
☐ (applicable only if the court order limits the duration) This medical authority terminates on (date):

b. ☐ powers to be exercised independently under section 2590 of the Probate Code as specified in attachment
3b (specify powers, restrictions, conditions, and limitations).

c. ☐ conditions relating to the care and custody of the property under section 2402 of the Probate Code
as specified in attachment 3c.

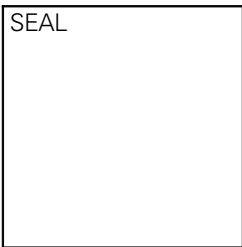
d. ☐ conditions relating to the care, treatment, education, and welfare of the conservatee under section 2358
of the Probate Code as specified in attachment 3d.

e. ☐ (for limited conservatorship only) powers of the limited conservator of the person under section 2351.5
of the Probate Code as specified in attachment 3e.

f. ☐ (for limited conservatorship only) powers of the limited conservator of the estate under section 1830(b)
of the Probate Code as specified in attachment 3f.

g. ☐ other (specify):

FOR RECORDER'S USE ONLY



Dated:

Clerk, by _____, Deputy

☐ Number of pages attached:

(Continued on reverse)

| | |
|--|--------------|
| CONSERVATORSHIP OF (NAME): <div>Conservatee</div> | CASE NUMBER: |
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LETTERS OF CONSERVATORSHIP

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AFFIRMATION

I solemnly affirm that I will perform the duties of ☐ conservator ☐ limited conservator according to law.

Executed on (date):, at (place)

(Signature of appointee)

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Dated: Clerk, by _____, Deputy

